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# **EXHIBIT 2**

MARTHA: Okay, and my name is Martha with Primera Insurance

MERANDA: Okay.

MARTHA: and today's date is the 20th of July of '06, and the time is 1:12, and Meranda Jackson you give me permission to record this call with you?

MERANDA: Yes, I do.

MARTHA: Okay, thank you, and then we received, of course, a call from the attorney that they represented Miran, excuse me, Christine.

MERANDA: Okay.

MARTHA: Okay, and Miranda, who is she?

MERANDA: That is my mother-in-law.

MARTHA: Mother-in-law, okay. And, now, where were you when she took the vehicle?

MERANDA: I was sleeping, actually. We had went, I, I, her children and I and my kids had went to church that day. It was on a Sunday. I came home and back to her house and took a nap with my children and when I woke up my car was gone and she, she took the car and I was frantic trying to find it and her daughter end up, because no one was there, her daughter came around the corner a couple hours later when I was freaking out because I had no clue where my car was and she said that her mom was in the hospital, that she totaled my car, so I had to go down to the hospital and she had, you know, injuries or what not, and I ended up having to find out, I've, I had been waiting for awhile for them to accept liability, the other party, because it wasn't my mother-in-law's fault, it was the other party, but they weren't accepting liability at first so

MARTHA: Okay, so then they finally did pay for your car then?

MERANDA: Well, not yet.

MARTHA: Okay.

MERANDA: I was waiting for the title in the mail because I didn't have the title.

MARTHA: Oh.

MERANDA: So I have to send them the title in order to get my check but, yeah, they'll be

MARTHA: Okay

MERANDA: paying for it eventually, as soon as I send them the title.

MARTHA: Did they give you an estimate amount, what, what it was?

MERANDA: What my car is worth?

MARTHA: Yeah, or did they tell you how much it would be if it was a total loss? Did they tell you what the estimate amount was then?

MERANDA: Yes.

MARTHA: Do you remember what that was?

MERANDA: Like, estimate around \$10,000.

MARTHA: Okay.

MERANDA: Yeah, because my car was paid off. I'm actually losing

MARTHA: Oh.

MERANDA: on the long run because I had a 2004 Hyundai that only had 30,000 miles and 100,000 mile bumper-to-bumper warranty, so I'm actually losing out, you know.

MARTHA: Okay, so you are the owner then, Miranda, of the vehicle?

MERANDA: Yes.

MARTHA: Okay, and so has Christine driven before, the vehicle?

MERANDA: She had driven it before. I had actually called the police that day because I was going to call and, I, report it stolen, but they told me that I couldn't report it stolen because of the situation, because she was, you know, pretty much a family member and so that, I, I would have to come in and fill out a report saying that she took it without owner's consent

MARTHA: Okay.

MERANDA: and with her injuries and everything I, I never did. I had actually, right after that, I had moved to California for a little while and now I'm back in Vegas, but yeah, I was, I was pretty mad.

MARTHA: Okay.

MERANDA: But I never did go and file a police report. I was told that I should've by a few people, you know.

MARTHA: So was this the first time she drove the vehicle, or did she

MERANDA: She, she's driven it probably once before to drive it around, drive her kids around the corner, you know, but, yeah, no, she, she didn't drive my car on a normal basis or nothing, no.

MARTHA: Okay, and was this the, the home number that I reached you at, or is this a cell number that

MERANDA: It's my mom's home number where I'm staying right now. I just, like I said, I just came back from California so I'm staying here temporarily.

MARTHA: And, let's see here, I think that's, and then the other party, is that, is it AAA?

MERANDA: Uh hmm.

MARTHA: Okay.

MERANDA: So why are, why are they contacting you guys, what's

MARTHA: Well because they always have to contact us, each, you know, insurance

MERANDA: So I'm just making sure that she's not trying to sue my insurance company on top of it. I know her medical bills are very, very high. She has to have a hip replacement. She's already had like three or four surgeries. She was really hurt in the accident and, you know, I was told by a couple people, that, you know, that I should have gone and filed a police report or what not for, to, to keep from them suing me. I would hope that she wouldn't do something like that, but you never know.

MARTHA: Well I could, there is a claim set up and I can, if you want to talk to the adjuster, I guess you could ask them and they would be able to tell you about that.

MERANDA: The adjuster for your company?

MARTHA: Yes, because there is, of course, we have to set up a claim you know.

MERANDA: Right, right, of course.

MARTHA: For our side.

MERANDA: Okay, let me, let me get that, yeah, because I would, I would actually like that

MARTHA: I'm sure she would be able to help you on that.

MERANDA: Because I'm not going to be held liable for it when, I mean, I would hope that she wouldn't do something like that, but you know how people are when it comes to money.

MARTHA: Uh hmm.

MERANDA: Okay, what, what's the phone number?

MARTHA: The claim number is 2301

MERANDA: Okay.

MARTHA: And then the adjuster's name is Kristin. Her last name is Weigel.

MERANDA: Okay.

MARTHA: And, if you want me to transfer you over, I sure can.

MERANDA: Actually, I'm getting ready to go to a job interview.

MARTHA: Okay, well then you can call back then.

MERANDA: Okay.

MARTHA: And then, you know, you can talk to her and find out for sure since she has an attorney.

MERANDA: Right.

MARTHA: You can ask, of course, what's going on since this is, of course, you had a policy with us on your vehicle.

MERANDA: Exactly.

MARTHA: You should be aware of anything that's going on.

MERANDA: Definitely. What's the phone number?

MARTHA: 1-800-727-4455.

MERANDA: Okay, and does she have a particular

MARTHA: Extension?

MERANDA: Extension?

MARTHA: 3206.

MERANDA: Say that one more time.

MARTHA: 32

MERANDA: Okay.

MARTHA: 06

MERANDA: Okay.

MARTHA: And, okay, so Miranda, I'll note here that she didn't have permission to use the vehicle then?

MERANDA: Okay.

MARTHA: Was that what you stated?

MERANDA: Yes.

MARTHA: Okay.

MERANDA: She did not. She had used it earlier that day and came back and, like I said, I laid down for a nap and then I woke up and my car was completely gone so she

MARTHA: And she doesn't live with you, right, or ever did?

MERANDA: No, we don't live together.

MARTHA: Okay.

MERANDA: But I was at her house laying down with my

MARTHA: Okay.

MERANDA: kids, her, her, my kids are her grandchildren so, yeah.

MARTHA: Okay, well if you want to just call later then after your

MERANDA: Okay.

MARTHA: appointment, okay.

MERANDA: Okay.

MARTHA: Thank you for your time.

MERANDA: Okay, thank you.

MARTHA: Okay, bye.

MERANDA: Bye, bye.

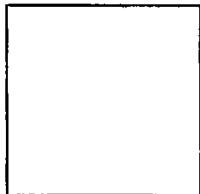
# **EXHIBIT 3**

Event Number: 080604-2238		STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET Revised 5/21/03					Accident Number: LVMPD-080604-2238			
Code Revision:							<input type="checkbox"/> Property	<input checked="" type="checkbox"/> Injury	<input type="checkbox"/> Fatal	
<input checked="" type="checkbox"/> 1) Urban	<input type="checkbox"/> 1) Emergency Use	<input type="checkbox"/> 1) Preliminary Report	<input type="checkbox"/> 3) Resubmission	<input type="checkbox"/> 1) Hit and Run	Agency Name: 2 - LAS VEGAS METROPOLITAN POLICE DEPARTMENT					
<input type="checkbox"/> 2) Rural	<input type="checkbox"/> 2) Office Report	<input checked="" type="checkbox"/> 2) Initial Report	<input type="checkbox"/> 4) Supplement Report	<input type="checkbox"/> 2) Private Property						
Collision Date 6/4/2006		Time 16:50		Day SUNDAY	Beat / Sector V4	<input type="checkbox"/> County	<input checked="" type="checkbox"/> City Las Vegas	Surface <input checked="" type="checkbox"/> 1) Asphalt	Intersection <input checked="" type="checkbox"/> 1) Four Way	Paddle Markers <input checked="" type="checkbox"/> 1) None
								<input type="checkbox"/> 2) Concrete	<input type="checkbox"/> 2) > Four Way	<input type="checkbox"/> 2) Left Side
								<input type="checkbox"/> 3) Gravel	<input type="checkbox"/> 3) Right Side	
								<input checked="" type="checkbox"/> 4) Dirt	<input type="checkbox"/> 4) Both Side	
								<input type="checkbox"/> 5) Other	<input type="checkbox"/> 5) Unknown	
Access Control <input checked="" type="checkbox"/> 1) None										
<input type="checkbox"/> 2) Full										
<input type="checkbox"/> 3) Partial										
Occurred On: (Highway # or Street Name) <input type="checkbox"/> 1) Parking Lot GARWOOD										
<input checked="" type="checkbox"/> 1) At Intersection With: <input type="checkbox"/> 2) Or <input type="checkbox"/> 0 <input type="checkbox"/> 3) Feet <input type="checkbox"/> 4) Miles <input type="checkbox"/> 5) Approximate		N/A		Of (Cross Street) RANSOM						
Roadway Character <input type="checkbox"/> 1) Curve & Grade		Roadway Conditions <input checked="" type="checkbox"/> 1) Dry		Total Thru Lanes Main Road	Average Roadway Widths		Roadway Grade			
<input type="checkbox"/> 2) Curve & Hillcrest		<input type="checkbox"/> 2) Joy		Travel Lane 20 Ft			<input type="checkbox"/> 1) Not Determined	Relative To		
<input type="checkbox"/> 3) Curve & Level		<input type="checkbox"/> 3) Wet		Storage / Turn Lane 0 Ft			<input checked="" type="checkbox"/> 2) Relatively Level Roadway			
<input type="checkbox"/> 4) Straight & Grade		<input type="checkbox"/> 4) Snow		Median 0 Ft			<input type="checkbox"/> 3) Up Slope (+)	Grade		
<input type="checkbox"/> 5) Straight & Hillcrest		<input type="checkbox"/> 5) Sand / Mud / Oil / Dirt / Gravel		Paved Shoulder			<input type="checkbox"/> 4) Down Slope (-)	0 %		
<input checked="" type="checkbox"/> 6) Straight & Level		<input type="checkbox"/> 6) Other		Inside 0	Outside 0					
				Total All Lanes: 4						
Pavement Markings and Type <input type="checkbox"/> 1) Centerline, Broken Yellow <input type="checkbox"/> 6) No Passing, Either Direction <input checked="" type="checkbox"/> 12) None					Highway Description <input type="checkbox"/> 1) Two-Way, Not Divided			Weather Conditions <input type="checkbox"/> 1) Clear <input type="checkbox"/> 7) Fog, Smog, Smoke, Ash		
<input type="checkbox"/> 2) Centerline, Solid Yellow <input type="checkbox"/> 7) Turn Arrow Symbol <input type="checkbox"/> 13) Unknown					<input type="checkbox"/> 2) Two-Way, Div., Unpro, Median			<input type="checkbox"/> 2) Cloudy <input type="checkbox"/> 8) Severe Crosswinds		
<input type="checkbox"/> 3) Centerline, Double Yellow <input type="checkbox"/> 8) Center Turn Lane Line					<input type="checkbox"/> 3) Two-Way, Div., Median Barrier			<input type="checkbox"/> 3) Snow <input type="checkbox"/> 9) Sleet / Hail		
<input type="checkbox"/> 4) Lane Line, Broken White <input type="checkbox"/> 9) Edge Line, Left, Yellow					<input type="checkbox"/> 4) One-Way, Not Div.			<input type="checkbox"/> 4) Rain <input type="checkbox"/> 10) Unknown		
<input type="checkbox"/> 5) Lane Line, Solid White <input type="checkbox"/> 10) Edge Line, Right, white					<input type="checkbox"/> 5) Unknown			<input type="checkbox"/> 5) Blowing Sand, Dirt, Soil, Snow		
<input type="checkbox"/> 11) Other					<input type="checkbox"/> 6) Off Road			<input type="checkbox"/> 6) Other		
Light Conditions <input type="checkbox"/> 1) Dusk <input type="checkbox"/> 6) Dark - No Roadway Lighting					Vehicle Collision Type <input type="checkbox"/> 1) Head On <input type="checkbox"/> 5) Rear to Rear			Location of First Event <input type="checkbox"/> 1) Travel Lane 1 <input type="checkbox"/> 6) Outside Shoulder <input type="checkbox"/> 11) Ramp		
<input type="checkbox"/> 2) Dawn <input type="checkbox"/> 7) Dark - Spot Roadway Lighting					<input type="checkbox"/> 2) Rear End <input type="checkbox"/> 6) Sideswipe - Meeting			<input type="checkbox"/> 2) Turn Lane <input type="checkbox"/> 7) Intersection <input type="checkbox"/> 12) Unknown		
<input checked="" type="checkbox"/> 3) Daylight <input type="checkbox"/> 8) Dark - Continuous Roadway Lighting					<input type="checkbox"/> 3) Packing <input type="checkbox"/> 7) Sideswipe - Overtaking			<input type="checkbox"/> 3) Gore <input type="checkbox"/> 8) Private Property		
<input type="checkbox"/> 4) Unknown <input type="checkbox"/> 9) Dark - Unknown Roadway Lighting					<input type="checkbox"/> 4) Non - Collision <input type="checkbox"/> 8) Median			<input type="checkbox"/> 4) Median <input type="checkbox"/> 9) Roadside		
<input type="checkbox"/> 5) Other					<input type="checkbox"/> 5) Unknown <input type="checkbox"/> 10) Inside Shoulder			<input type="checkbox"/> 5) Inside Shoulder <input type="checkbox"/> 10) Other		
Highway Environment Factors <input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 7) Shoulders <input type="checkbox"/> 11) Ruts, Holes, Bumps					Property Damage To Other Than Vehicle <input type="checkbox"/> 1) Only Low, Secondary <input type="checkbox"/> 2) Only High, Primary <input type="checkbox"/> 3) Moderate, Secondary					
<input type="checkbox"/> 2) Weather <input type="checkbox"/> 8) Road Construction <input type="checkbox"/> 12) Active Work Zone					Describe Property Damage <input type="checkbox"/> 1) Only Low, Secondary <input type="checkbox"/> 2) Only High, Primary <input type="checkbox"/> 3) Moderate, Secondary					
<input type="checkbox"/> 3) Debris <input type="checkbox"/> 9) Worn Traffic Surface <input type="checkbox"/> 13) Inactive Work Zone					Owner's Name: <i>JOHN BOWERS</i>			<input type="checkbox"/> Owner Notified		
<input type="checkbox"/> 4) Glare <input type="checkbox"/> 10) Weather, Snow, Slush <input type="checkbox"/> 14) Animal In Roadway					By: <i>JOHN BOWERS</i> Released To: <i>ATTORNEY FOR DEFENDANT</i>					
<input type="checkbox"/> 5) Other Highway <input type="checkbox"/> 11) Unknown					Owner's Address: <i>7339 P. SOLOMON</i>					
<input type="checkbox"/> 6) Other Environmental										
First Harmful Event										
Code #: 21	Description: 214 MOTOR VEHICLE IN TRANSPORT <i>2500</i>									
Description of Accident / Narrative										
V2 WAS TRAVELING E/B ON GARWOOD IN T1 OF ONE E/B TRAVEL LANE. V1 WAS TRAVELING N/B ON RANSOM IN T1 OF ONE N/B TRAVEL LANE. V1 HAD STARTED TO MAKE A TURNING MOVEMENT FROM N/B RANSOM TO W/B GARWOOD. V1 CROSSED THE PATH OF V2 WHICH HAD THE RIGHT OF WAY. V1 FAILED TO YIELD THE RIGHT OF WAY FROM AN UNCONTROLLED INTERSECTION. BOTH DRIVERS WERE TRANSPORTED TO UMC TRAUMA WITH NON LIFE THREATENING INJURIES. D1 WAS CITED FOR CAUSING THE COLLISION.										
<input type="checkbox"/> 1) Continued On Back of Scene Information Sheet										
Investigation Complete <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	Photos Taken <input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No	Scene Diagram <input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No	Statements <input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No #	Date Notified 6/4/2006	Time Notified 16:52	Arrival Date 6/4/2006	Arrival Time 17:05			
Investigator(s) 7339 P. SOLOMON		ID Number 7339	Date 6/4/2006	Reviewed By 3378 KEITH BOWERS	Date Reviewed 6/5/2006	Page 1 of 6				

KEYES  
000006

Event Number: 060604-2238	STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET Revised 5/2/03	Accident Number: LVMPD-060604-2238
		Agency Name: 2 - LAS VEGAS METROPOLITAN POLICE DEPARTMENT

**Description of Accident / Narrative Continuation**



Indicate North

A.I.C.: 4FT E/W, 15FT N/S

KEYES  
000007

Page  
2 of 6

Event Number: 060604-2238			STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET Revised 5/21/03			Accident Number: LVMPD-060604-2238						
Vehicle # 1	# Occupants 1	<input checked="" type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle	Highway / Street Name: RANSOM			Agency Name: 2 - LAS VEGAS METROPOLITAN POLICE DEPARTMENT						
Direction of Travel: <input checked="" type="checkbox"/> 1) North <input type="checkbox"/> 3) East <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 2) South <input type="checkbox"/> 4) West						Travel Lane #: T1						
Vehicle Action: <input type="checkbox"/> 1) Straight <input checked="" type="checkbox"/> 3) Left Turn <input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 9) Passing <input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 15) Enter Parked ( <input type="checkbox"/> 17) Lane Change <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 2) Backing <input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 6) Parked <input type="checkbox"/> 8) Stopped ( <input type="checkbox"/> 10) Racing <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 14) Other Turning <input type="checkbox"/> 16) Overtake Vehicle <input type="checkbox"/> 18) Other												
Driver: DUFALA CYNTHIA			Transported By: <input type="checkbox"/> 1) Not Transported <input checked="" type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			CITY FIRE						
Street Address: 6340 FACTOR			Transported To: UMC TRAUMA									
City: LAS VEGAS		State / Country: <input checked="" type="checkbox"/> 1) NV		Zip Code: 89107	Person Type: 1	Seating Position: 01	Occupant Restraints: 7					
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input checked="" type="checkbox"/> 2) Female	DOB: 12/5/1958		Phone Number: 7020		Injury Severity: C	Injury Location: 8	4					
OLN: 1601076230			State: <input checked="" type="checkbox"/> 1) NV		<input type="checkbox"/> 1) CDL <input checked="" type="checkbox"/> 2) CDL	License Status: 0						
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements		Restrictions		Driver Factors						
Alcohol/Drug Involvement: <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown		Method of Determination (check up to 2): <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 3) Driver Admission <input type="checkbox"/> 6) Preliminary Breath Test		Test Results:		<input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 6) Driver II / Injured <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 8) Driver Inattention / Distracted <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 10) Unknown						
Vehicle Year: 2002	Vehicle Make: DODGE	Vehicle Model: STRATUS	Vehicle Type: 4D-SEDAN, 4 DOOR	Vehicle Factors								
Plate / Permit No.: LVD136	State: <input checked="" type="checkbox"/> 1) NV	Expiration Date: 10/27/2006	Vehicle Color: WHITE	<input type="checkbox"/> 1) Failed To Yield Right Of Way <input type="checkbox"/> 9) Failed To Maintain Lane <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 2) Disregard Control Device <input type="checkbox"/> 10) Following Too Close <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 3) Too Fast For Conditions <input type="checkbox"/> 11) Unsafe Lane Change <input type="checkbox"/> 18) Ran Off Road <input type="checkbox"/> 4) Exceeding Speed Limit <input type="checkbox"/> 12) Made Improper Turn <input type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 5) Wrong Way / Direction <input type="checkbox"/> 13) Over Correct Steering <input type="checkbox"/> 20) Road Defect ( <input type="checkbox"/> ) <input type="checkbox"/> 6) Mechanical Defects <input type="checkbox"/> 14) Other Improper Driving <input type="checkbox"/> 21) Object Avoidance <input type="checkbox"/> 7) Drove Left Of Center <input type="checkbox"/> 15) Aggressive / Reckless / Careless <input type="checkbox"/> 8) Other <input type="checkbox"/> 22) Unknown ( <input type="checkbox"/> )								
Vehicle Identification Number: 1B3EL46RX2N330343												
Registered Owner Name: DUFALA CYNTHIA <input checked="" type="checkbox"/> 1) Same As Driver												
Registered Owner Address: 6340 FACTOR NV 0												
Insurance Company Name: AAA INS <input checked="" type="checkbox"/> 1) Insured				1st Contact								
Policy Number: 907006		Effective: 8/19/2005	To: 8/19/2006	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Damaged Areas					
Insurance Company Address or Phone Number: 702 870 9171 EXT 248				<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6						
<input checked="" type="checkbox"/> 1) Vehicle Towed	Towed By: QUALITY TOW			<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input checked="" type="checkbox"/> 1) Front <input type="checkbox"/> 2) Right Side <input type="checkbox"/> 3) Left Side <input type="checkbox"/> 4) Rear <input type="checkbox"/> 5) Right Front <input type="checkbox"/> 6) Right Rear <input type="checkbox"/> 7) Top <input type="checkbox"/> 8) Under Carriage <input type="checkbox"/> 9) Left Front <input type="checkbox"/> 10) Left Rear <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 12) Other					
Removed To: TOW YARD				<input type="checkbox"/> 1) Override		<input type="checkbox"/> 2) Under Ride						
Traffic Control F 1) Speed Zone 2) Signal Light 3) Flashing Light 4) School Zone 5) Ped. Signal 6) No Passing 7) No Controls 8) Warning Sign 9) Turn Signal 10) Other			Distance Traveled After Impact 0 0	Speed Estimate			Extent Of Damage					
				From 0	To 0	Limit 25	<input type="checkbox"/> 1) Minor <input checked="" type="checkbox"/> 2) Moderate <input type="checkbox"/> 3) Major	<input type="checkbox"/> 4) Total <input type="checkbox"/> 5) None <input type="checkbox"/> 6) Unknown				
				Sequence Of Events								
				1st	21	Description 214 MOTOR VEHICLE IN TRANSPORT				Collision With Fixed Object	Most Harmful Event	
				2nd						<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				3rd						<input type="checkbox"/>	<input type="checkbox"/>	
				4th						<input type="checkbox"/>	<input type="checkbox"/>	
				5th						<input type="checkbox"/>	<input type="checkbox"/>	
				(1) NRS <input type="checkbox"/> 2) CFR <input checked="" type="checkbox"/> 3) CCO / MC <input type="checkbox"/> 4) Pending			Violation CCO FAIL TO YIELD ROW UNCONTROLLED INTERSECT (NRS Code:14.32.070)			NOC 00992	Citation Number	
							Violation			NOC	Citation Number	
Investigator(s) 7339 P. SOLOMON			ID Number 7339	Date 6/4/2006	Reviewed By 3378 Keith Bowers	Date Reviewed 6/5/2008	Page 3 of 6					

KEYES  
000008

Event Number: 060604-2238		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET Revised 5/2/03		Accident Number: LVMPD-060604-2238			
				Agency Name: 2 - LAS VEGAS METROPOLITAN POLICE DEPARTMENT			
Name: (Last Name, First Name, Middle Name Suffix)		Transported By: <input type="checkbox"/> (1) Not Transported <input type="checkbox"/> (2) EMS <input type="checkbox"/> (3) Police <input type="checkbox"/> (4) Unknown <input type="checkbox"/> (5) Other					
Street Address:		Transported To:					
City: _____		State / Country <input type="checkbox"/> (1) NV	Zip Code: _____	Person Type: _____	Seating Position: _____	Occupant Restraints: _____	
<input type="checkbox"/> (1) Male <input type="checkbox"/> (3) Unknown <input type="checkbox"/> (2) Female	DOB: _____	Phone Number: _____	Injury Severity: _____	Injury Location: _____			
				Airbags: _____	Airbag Switch: _____	Ejected: _____	Trapped: _____
Name: (Last Name, First Name, Middle Name Suffix)		Transported By: <input type="checkbox"/> (1) Not Transported <input type="checkbox"/> (2) EMS <input type="checkbox"/> (3) Police <input type="checkbox"/> (4) Unknown <input type="checkbox"/> (5) Other					
Street Address:		Transported To:					
City: _____		State / Country <input type="checkbox"/> (1) NV	Zip Code: _____	Person Type: _____	Seating Position: _____	Occupant Restraints: _____	
<input type="checkbox"/> (1) Male <input type="checkbox"/> (3) Unknown <input type="checkbox"/> (2) Female	DOB: _____	Phone Number: _____	Injury Severity: _____	Injury Location: _____			
				Airbags: _____	Airbag Switch: _____	Ejected: _____	Trapped: _____
Name: (Last Name, First Name, Middle Name Suffix)		Transported By: <input type="checkbox"/> (1) Not Transported <input type="checkbox"/> (2) EMS <input type="checkbox"/> (3) Police <input type="checkbox"/> (4) Unknown <input type="checkbox"/> (5) Other					
Street Address:		Transported To:					
City: _____		State / Country <input type="checkbox"/> (1) NV	Zip Code: _____	Person Type: _____	Seating Position: _____	Occupant Restraints: _____	
<input type="checkbox"/> (1) Male <input type="checkbox"/> (3) Unknown <input type="checkbox"/> (2) Female	DOB: _____	Phone Number: _____	Injury Severity: _____	Injury Location: _____			
				Airbags: _____	Airbag Switch: _____	Ejected: _____	Trapped: _____
<input type="checkbox"/> (1) Trailing Unit 1 VIN: _____				Plate: _____	State: <input type="checkbox"/> (1) NV	Type: _____	
<input type="checkbox"/> (1) Trailing Unit 2 VIN: _____				Plate: _____	State: <input type="checkbox"/> (1) NV	Type: _____	
<input type="checkbox"/> (1) Trailing Unit 3 VIN: _____				Plate: _____	State: <input type="checkbox"/> (1) NV	Type: _____	
Commercial Vehicle Configuration				<input type="checkbox"/> (1) Commercial Vehicle	<input type="checkbox"/> (2) School Bus		
<input type="checkbox"/> (1) Bus, 9 - 15 Occupants <input type="checkbox"/> (2) Bus, > 15 Occupants <input type="checkbox"/> (3) Single 2 Axle and 6 Tires <input type="checkbox"/> (4) Single > 3 Axle <input type="checkbox"/> (5) Any 4 Tire Vehicle				<input type="checkbox"/> (6) Tractor Only <input type="checkbox"/> (7) Tractor / Trailer <input type="checkbox"/> (8) Tractor / Doubles <input type="checkbox"/> (9) Tractor / Triples <input type="checkbox"/> (10) Truck with Trailer		<input type="checkbox"/> (11) Tractor / Semi Trailer <input type="checkbox"/> (12) Passenger Vehicle, (Haz-Mat) <input type="checkbox"/> (13) Light Truck, (Haz-Mat) <input type="checkbox"/> (14) Other Heavy Vehicle	
Carrier Name: _____				Power Unit GVWR		<input type="checkbox"/> (1) ≤ 10,000 Lbs <input type="checkbox"/> (2) 10,000 - 26,000 Lbs <input type="checkbox"/> (3) > 26,000 Lbs	
Carrier Street Address: _____				City: _____		State: <input type="checkbox"/> (1) NV	Zip: 0
<b>Cargo Body Type</b> <input type="checkbox"/> (1) Pole <input type="checkbox"/> (2) Tank <input type="checkbox"/> (3) Batbed <input type="checkbox"/> (4) Dump <input type="checkbox"/> (5) Unknown				Haz-Mat ID #: _____	Type of Carrier	NAS Safety Report #: _____	
				Hazard Classification #: _____	<input type="checkbox"/> (1) Single State <input type="checkbox"/> (2) US DOT <input type="checkbox"/> (3) Canada <input type="checkbox"/> (4) Mexico <input type="checkbox"/> (5) None	Carrier Number: _____	
						Page	4 of 6

KEYES  
000009

Event Number: 060604-2238			STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET Revised 5/21/03			Accident Number: LVMPD-060604-2238																									
Vehicle # 2	# Occupants 1	<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle	Highway / Street Name: GARWOOD			Agency Name: 2 - LAS VEGAS METROPOLITAN POLICE DEPARTMENT																									
Direction of Travel: <input type="checkbox"/> 1) North <input checked="" type="checkbox"/> 2) East <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) South <input type="checkbox"/> 4) West						Travel Lane #: T1																									
Vehicle Action: <input checked="" type="checkbox"/> 1) straight <input type="checkbox"/> 2) Left Turn <input type="checkbox"/> 3) U-Turn <input type="checkbox"/> 4) Wrong Way <input type="checkbox"/> 5) Parking <input type="checkbox"/> 6) Leaving Parked <input type="checkbox"/> 7) Leaving Lane <input type="checkbox"/> 8) Enter Parked ( <input type="checkbox"/> ) <input type="checkbox"/> 9) Lane Change <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 11) Backing <input type="checkbox"/> 12) Right Turn <input type="checkbox"/> 13) Parked <input type="checkbox"/> 14) Stopped ( <input type="checkbox"/> ) <input type="checkbox"/> 15) Racing <input type="checkbox"/> 16) Entering Lane <input type="checkbox"/> 17) Other Turning <input type="checkbox"/> 18) Driverless Vehicle <input type="checkbox"/> 19) Other																															
Driver: (Last Name, First Name, Middle Name Suffix) KEYES CHRISTINE				Transported By: <input type="checkbox"/> 1) Not Transported <input checked="" type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other CITY FIRE																											
Street Address: 108 OPAL MAE				Transported To: UMC TRAUMA																											
City: LAS VEGAS		State / Country: <input checked="" type="checkbox"/> 1) NV	Zip Code: 89107	Person Type: 1	Seating Position: 01	Occupant Restraints: 7																									
<input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female	<input type="checkbox"/> 3) Unknown	DOB: 5/27/1960	Phone Number: 7020	Injury Severity: B	Injury Location: 8	4	1																								
DLN: 2101971785		State: <input checked="" type="checkbox"/> 1) NV	<input type="checkbox"/> 1) CDT <input checked="" type="checkbox"/> 2) PL	License Status: 3																											
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements		Restrictions																											
Alcohol/Drug Involvement: <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown		Method of Determination (check up to 2)		Test Results:																											
<input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 3) Driver Admission		<input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 6) Preliminary Breath Test		<table border="0"> <tr> <td><input checked="" type="checkbox"/> 1) Apparently Normal</td> <td><input type="checkbox"/> 6) Driver Ill / Injured</td> </tr> <tr> <td><input type="checkbox"/> 2) Had Been Drinking</td> <td><input type="checkbox"/> 7) Other Improper Driving</td> </tr> <tr> <td><input type="checkbox"/> 3) Drug Involvement</td> <td><input type="checkbox"/> 8) Driver Inattention / Distracted</td> </tr> <tr> <td><input type="checkbox"/> 4) Apparently Fatigued / Asleep</td> <td><input type="checkbox"/> 9) Physical Impairment</td> </tr> <tr> <td><input type="checkbox"/> 5) Obstructed View</td> <td><input type="checkbox"/> 10) Unknown</td> </tr> </table>				<input checked="" type="checkbox"/> 1) Apparently Normal	<input type="checkbox"/> 6) Driver Ill / Injured	<input type="checkbox"/> 2) Had Been Drinking	<input type="checkbox"/> 7) Other Improper Driving	<input type="checkbox"/> 3) Drug Involvement	<input type="checkbox"/> 8) Driver Inattention / Distracted	<input type="checkbox"/> 4) Apparently Fatigued / Asleep	<input type="checkbox"/> 9) Physical Impairment	<input type="checkbox"/> 5) Obstructed View	<input type="checkbox"/> 10) Unknown														
<input checked="" type="checkbox"/> 1) Apparently Normal	<input type="checkbox"/> 6) Driver Ill / Injured																														
<input type="checkbox"/> 2) Had Been Drinking	<input type="checkbox"/> 7) Other Improper Driving																														
<input type="checkbox"/> 3) Drug Involvement	<input type="checkbox"/> 8) Driver Inattention / Distracted																														
<input type="checkbox"/> 4) Apparently Fatigued / Asleep	<input type="checkbox"/> 9) Physical Impairment																														
<input type="checkbox"/> 5) Obstructed View	<input type="checkbox"/> 10) Unknown																														
Vehicle Year: 2004	Vehicle Make: HYUNDAI	Vehicle Model: ACCENT	Vehicle Type: 4D-SEDAN, 4 DOOR	Driver Factors																											
Plate / Permit No.: 030TCL	State: <input checked="" type="checkbox"/> 1) NV	Expiration Date: 04/15/2007	Vehicle Color: GREEN	<table border="0"> <tr> <td><input type="checkbox"/> 1) Failed To Yield Right Of Way</td> <td><input type="checkbox"/> 6) Failed To Maintain Lane</td> <td><input type="checkbox"/> 11) Driverless Vehicle</td> </tr> <tr> <td><input type="checkbox"/> 2) Distracted</td> <td><input type="checkbox"/> 7) Following Too Close</td> <td><input type="checkbox"/> 12) Unintentional Backing</td> </tr> <tr> <td><input type="checkbox"/> 3) Too Fast For Conditions</td> <td><input type="checkbox"/> 8) Lane Change</td> <td><input type="checkbox"/> 13) Ran Off Road</td> </tr> <tr> <td><input type="checkbox"/> 4) Exceeding Speed Limit</td> <td><input type="checkbox"/> 9) Made Improper Turn</td> <td><input type="checkbox"/> 14) Hit and Run</td> </tr> <tr> <td><input type="checkbox"/> 5) Wrong Way / Direction</td> <td><input type="checkbox"/> 10) Over Correct Steering</td> <td><input type="checkbox"/> 15) Over Correct Steering</td> </tr> <tr> <td><input type="checkbox"/> 6) Mechanical Defects</td> <td><input type="checkbox"/> 12) Other Improper Driving</td> <td><input type="checkbox"/> 16) Object Avoidance</td> </tr> <tr> <td><input type="checkbox"/> 7) Drove Left Of Center</td> <td><input type="checkbox"/> 13) Aggressive / Reckless / Careless</td> <td><input type="checkbox"/> 17) Unknown (W)</td> </tr> <tr> <td><input type="checkbox"/> 8) Other</td> <td><input type="checkbox"/> 14) Other</td> <td><input type="checkbox"/> 18) Unknown (U)</td> </tr> </table>				<input type="checkbox"/> 1) Failed To Yield Right Of Way	<input type="checkbox"/> 6) Failed To Maintain Lane	<input type="checkbox"/> 11) Driverless Vehicle	<input type="checkbox"/> 2) Distracted	<input type="checkbox"/> 7) Following Too Close	<input type="checkbox"/> 12) Unintentional Backing	<input type="checkbox"/> 3) Too Fast For Conditions	<input type="checkbox"/> 8) Lane Change	<input type="checkbox"/> 13) Ran Off Road	<input type="checkbox"/> 4) Exceeding Speed Limit	<input type="checkbox"/> 9) Made Improper Turn	<input type="checkbox"/> 14) Hit and Run	<input type="checkbox"/> 5) Wrong Way / Direction	<input type="checkbox"/> 10) Over Correct Steering	<input type="checkbox"/> 15) Over Correct Steering	<input type="checkbox"/> 6) Mechanical Defects	<input type="checkbox"/> 12) Other Improper Driving	<input type="checkbox"/> 16) Object Avoidance	<input type="checkbox"/> 7) Drove Left Of Center	<input type="checkbox"/> 13) Aggressive / Reckless / Careless	<input type="checkbox"/> 17) Unknown (W)	<input type="checkbox"/> 8) Other	<input type="checkbox"/> 14) Other	<input type="checkbox"/> 18) Unknown (U)
<input type="checkbox"/> 1) Failed To Yield Right Of Way	<input type="checkbox"/> 6) Failed To Maintain Lane	<input type="checkbox"/> 11) Driverless Vehicle																													
<input type="checkbox"/> 2) Distracted	<input type="checkbox"/> 7) Following Too Close	<input type="checkbox"/> 12) Unintentional Backing																													
<input type="checkbox"/> 3) Too Fast For Conditions	<input type="checkbox"/> 8) Lane Change	<input type="checkbox"/> 13) Ran Off Road																													
<input type="checkbox"/> 4) Exceeding Speed Limit	<input type="checkbox"/> 9) Made Improper Turn	<input type="checkbox"/> 14) Hit and Run																													
<input type="checkbox"/> 5) Wrong Way / Direction	<input type="checkbox"/> 10) Over Correct Steering	<input type="checkbox"/> 15) Over Correct Steering																													
<input type="checkbox"/> 6) Mechanical Defects	<input type="checkbox"/> 12) Other Improper Driving	<input type="checkbox"/> 16) Object Avoidance																													
<input type="checkbox"/> 7) Drove Left Of Center	<input type="checkbox"/> 13) Aggressive / Reckless / Careless	<input type="checkbox"/> 17) Unknown (W)																													
<input type="checkbox"/> 8) Other	<input type="checkbox"/> 14) Other	<input type="checkbox"/> 18) Unknown (U)																													
Vehicle Identification Number: KMHCG45C24U505194				Vehicle Factors																											
Registered Owner Name: KEYES CHRISTINE <input checked="" type="checkbox"/> 1) same As Driver				<table border="0"> <tr> <td><input type="checkbox"/> 1) Failed To Yield Right Of Way</td> <td><input type="checkbox"/> 6) Failed To Maintain Lane</td> <td><input type="checkbox"/> 11) Driverless Vehicle</td> </tr> <tr> <td><input type="checkbox"/> 2) Distracted</td> <td><input type="checkbox"/> 7) Following Too Close</td> <td><input type="checkbox"/> 12) Unintentional Backing</td> </tr> <tr> <td><input type="checkbox"/> 3) Too Fast For Conditions</td> <td><input type="checkbox"/> 8) Lane Change</td> <td><input type="checkbox"/> 13) Ran Off Road</td> </tr> <tr> <td><input type="checkbox"/> 4) Exceeding Speed Limit</td> <td><input type="checkbox"/> 9) Made Improper Turn</td> <td><input type="checkbox"/> 14) Hit and Run</td> </tr> <tr> <td><input type="checkbox"/> 5) Wrong Way / Direction</td> <td><input type="checkbox"/> 10) Over Correct Steering</td> <td><input type="checkbox"/> 15) Over Correct Steering</td> </tr> <tr> <td><input type="checkbox"/> 6) Mechanical Defects</td> <td><input type="checkbox"/> 12) Other Improper Driving</td> <td><input type="checkbox"/> 16) Object Avoidance</td> </tr> <tr> <td><input type="checkbox"/> 7) Drove Left Of Center</td> <td><input type="checkbox"/> 13) Aggressive / Reckless / Careless</td> <td><input type="checkbox"/> 17) Unknown (W)</td> </tr> <tr> <td><input type="checkbox"/> 8) Other</td> <td><input type="checkbox"/> 14) Other</td> <td><input type="checkbox"/> 18) Unknown (U)</td> </tr> </table>				<input type="checkbox"/> 1) Failed To Yield Right Of Way	<input type="checkbox"/> 6) Failed To Maintain Lane	<input type="checkbox"/> 11) Driverless Vehicle	<input type="checkbox"/> 2) Distracted	<input type="checkbox"/> 7) Following Too Close	<input type="checkbox"/> 12) Unintentional Backing	<input type="checkbox"/> 3) Too Fast For Conditions	<input type="checkbox"/> 8) Lane Change	<input type="checkbox"/> 13) Ran Off Road	<input type="checkbox"/> 4) Exceeding Speed Limit	<input type="checkbox"/> 9) Made Improper Turn	<input type="checkbox"/> 14) Hit and Run	<input type="checkbox"/> 5) Wrong Way / Direction	<input type="checkbox"/> 10) Over Correct Steering	<input type="checkbox"/> 15) Over Correct Steering	<input type="checkbox"/> 6) Mechanical Defects	<input type="checkbox"/> 12) Other Improper Driving	<input type="checkbox"/> 16) Object Avoidance	<input type="checkbox"/> 7) Drove Left Of Center	<input type="checkbox"/> 13) Aggressive / Reckless / Careless	<input type="checkbox"/> 17) Unknown (W)	<input type="checkbox"/> 8) Other	<input type="checkbox"/> 14) Other	<input type="checkbox"/> 18) Unknown (U)
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Registered Owner Address: 108 OPAL MAE NV 0				Vehicle Factors																											
Insurance Company Name: PRIMERO INS. <input checked="" type="checkbox"/> 1) Insured				Driver Factors																											
Policy Number: NV0072773		Effective: 5/18/2006	To: 6/18/2006	<table border="0"> <tr> <td><input type="checkbox"/> 1) Failed To Yield Right Of Way</td> <td><input type="checkbox"/> 6) Failed To Maintain Lane</td> <td><input type="checkbox"/> 11) Driverless Vehicle</td> </tr> <tr> <td><input type="checkbox"/> 2) Distracted</td> <td><input type="checkbox"/> 7) Following Too Close</td> <td><input type="checkbox"/> 12) Unintentional Backing</td> </tr> <tr> <td><input type="checkbox"/> 3) Too Fast For Conditions</td> <td><input type="checkbox"/> 8) Lane Change</td> <td><input type="checkbox"/> 13) Ran Off Road</td> </tr> <tr> <td><input type="checkbox"/> 4) Exceeding Speed Limit</td> <td><input type="checkbox"/> 9) Made Improper Turn</td> <td><input type="checkbox"/> 14) Hit and Run</td> </tr> <tr> <td><input type="checkbox"/> 5) Wrong Way / Direction</td> <td><input type="checkbox"/> 10) Over Correct Steering</td> <td><input type="checkbox"/> 15) Over Correct Steering</td> </tr> <tr> <td><input type="checkbox"/> 6) Mechanical Defects</td> <td><input type="checkbox"/> 12) Other Improper Driving</td> <td><input type="checkbox"/> 16) Object Avoidance</td> </tr> <tr> <td><input type="checkbox"/> 7) Drove Left Of Center</td> <td><input type="checkbox"/> 13) Aggressive / Reckless / Careless</td> <td><input type="checkbox"/> 17) Unknown (W)</td> </tr> <tr> <td><input type="checkbox"/> 8) Other</td> <td><input type="checkbox"/> 14) Other</td> <td><input type="checkbox"/> 18) Unknown (U)</td> </tr> </table>				<input type="checkbox"/> 1) Failed To Yield Right Of Way	<input type="checkbox"/> 6) Failed To Maintain Lane	<input type="checkbox"/> 11) Driverless Vehicle	<input type="checkbox"/> 2) Distracted	<input type="checkbox"/> 7) Following Too Close	<input type="checkbox"/> 12) Unintentional Backing	<input type="checkbox"/> 3) Too Fast For Conditions	<input type="checkbox"/> 8) Lane Change	<input type="checkbox"/> 13) Ran Off Road	<input type="checkbox"/> 4) Exceeding Speed Limit	<input type="checkbox"/> 9) Made Improper Turn	<input type="checkbox"/> 14) Hit and Run	<input type="checkbox"/> 5) Wrong Way / Direction	<input type="checkbox"/> 10) Over Correct Steering	<input type="checkbox"/> 15) Over Correct Steering	<input type="checkbox"/> 6) Mechanical Defects	<input type="checkbox"/> 12) Other Improper Driving	<input type="checkbox"/> 16) Object Avoidance	<input type="checkbox"/> 7) Drove Left Of Center	<input type="checkbox"/> 13) Aggressive / Reckless / Careless	<input type="checkbox"/> 17) Unknown (W)	<input type="checkbox"/> 8) Other	<input type="checkbox"/> 14) Other	<input type="checkbox"/> 18) Unknown (U)
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Insurance Company Address or Phone Number: 702 647 8448				Driver Factors																											
<input type="checkbox"/> 1) Vehicle Towed		Towed By: QUALITY TOW		<table border="0"> <tr> <td><input type="checkbox"/> 1) Failed To Yield Right Of Way</td> <td><input type="checkbox"/> 6) Failed To Maintain Lane</td> <td><input type="checkbox"/> 11) Driverless Vehicle</td> </tr> <tr> <td><input type="checkbox"/> 2) Distracted</td> <td><input type="checkbox"/> 7) Following Too Close</td> <td><input type="checkbox"/> 12) Unintentional Backing</td> </tr> <tr> <td><input type="checkbox"/> 3) Too Fast For Conditions</td> <td><input type="checkbox"/> 8) Lane Change</td> <td><input type="checkbox"/> 13) Ran Off Road</td> </tr> <tr> <td><input type="checkbox"/> 4) Exceeding Speed Limit</td> <td><input type="checkbox"/> 9) Made Improper Turn</td> <td><input type="checkbox"/> 14) Hit and Run</td> </tr> <tr> <td><input type="checkbox"/> 5) Wrong Way / Direction</td> <td><input type="checkbox"/> 10) Over Correct Steering</td> <td><input type="checkbox"/> 15) Over Correct Steering</td> </tr> <tr> <td><input type="checkbox"/> 6) Mechanical Defects</td> <td><input type="checkbox"/> 12) Other Improper Driving</td> <td><input type="checkbox"/> 16) Object Avoidance</td> </tr> <tr> <td><input type="checkbox"/> 7) Drove Left Of Center</td> <td><input type="checkbox"/> 13) Aggressive / Reckless / Careless</td> <td><input type="checkbox"/> 17) Unknown (W)</td> </tr> <tr> <td><input type="checkbox"/> 8) Other</td> <td><input type="checkbox"/> 14) Other</td> <td><input type="checkbox"/> 18) Unknown (U)</td> </tr> </table>				<input type="checkbox"/> 1) Failed To Yield Right Of Way	<input type="checkbox"/> 6) Failed To Maintain Lane	<input type="checkbox"/> 11) Driverless Vehicle	<input type="checkbox"/> 2) Distracted	<input type="checkbox"/> 7) Following Too Close	<input type="checkbox"/> 12) Unintentional Backing	<input type="checkbox"/> 3) Too Fast For Conditions	<input type="checkbox"/> 8) Lane Change	<input type="checkbox"/> 13) Ran Off Road	<input type="checkbox"/> 4) Exceeding Speed Limit	<input type="checkbox"/> 9) Made Improper Turn	<input type="checkbox"/> 14) Hit and Run	<input type="checkbox"/> 5) Wrong Way / Direction	<input type="checkbox"/> 10) Over Correct Steering	<input type="checkbox"/> 15) Over Correct Steering	<input type="checkbox"/> 6) Mechanical Defects	<input type="checkbox"/> 12) Other Improper Driving	<input type="checkbox"/> 16) Object Avoidance	<input type="checkbox"/> 7) Drove Left Of Center	<input type="checkbox"/> 13) Aggressive / Reckless / Careless	<input type="checkbox"/> 17) Unknown (W)	<input type="checkbox"/> 8) Other	<input type="checkbox"/> 14) Other	<input type="checkbox"/> 18) Unknown (U)
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Removed To: TOW YARD				Driver Factors																											
Traffic Control		Distance Traveled After Impact: 16 (1) 1 - Feet	Speed Estimate		Extent Of Damage		Damaged Areas																								
<table border="0"> <tr> <td><input type="checkbox"/> 1) Speed Zone</td> <td><input type="checkbox"/> 11) Stop Sign</td> </tr> <tr> <td><input type="checkbox"/> 2) Signal Light</td> <td><input type="checkbox"/> 12) Yield Sign</td> </tr> <tr> <td><input type="checkbox"/> 3) Flashing Light</td> <td><input type="checkbox"/> 13) R. R. Sign</td> </tr> <tr> <td><input type="checkbox"/> 4) School Zone</td> <td><input type="checkbox"/> 14) R. R. Gate</td> </tr> <tr> <td><input type="checkbox"/> 5) Ped. Signal</td> <td><input type="checkbox"/> 15) R. R. Signal (#)</td> </tr> <tr> <td><input type="checkbox"/> 6) No Passing</td> <td><input type="checkbox"/> 16) Marked Lane</td> </tr> <tr> <td><input type="checkbox"/> 7) No Controls</td> <td><input type="checkbox"/> 17) Tire Chain/Snow Req.</td> </tr> <tr> <td><input type="checkbox"/> 8) Warning Sign</td> <td><input type="checkbox"/> 18) Permit/Visa Green</td> </tr> <tr> <td><input type="checkbox"/> 9) Turn Signal</td> <td><input type="checkbox"/> 19) Unknown</td> </tr> <tr> <td><input type="checkbox"/> 10) Other</td> <td></td> </tr> </table>		<input type="checkbox"/> 1) Speed Zone	<input type="checkbox"/> 11) Stop Sign	<input type="checkbox"/> 2) Signal Light	<input type="checkbox"/> 12) Yield Sign	<input type="checkbox"/> 3) Flashing Light	<input type="checkbox"/> 13) R. R. Sign	<input type="checkbox"/> 4) School Zone	<input type="checkbox"/> 14) R. R. Gate	<input type="checkbox"/> 5) Ped. Signal	<input type="checkbox"/> 15) R. R. Signal (#)	<input type="checkbox"/> 6) No Passing	<input type="checkbox"/> 16) Marked Lane	<input type="checkbox"/> 7) No Controls	<input type="checkbox"/> 17) Tire Chain/Snow Req.	<input type="checkbox"/> 8) Warning Sign	<input type="checkbox"/> 18) Permit/Visa Green	<input type="checkbox"/> 9) Turn Signal	<input type="checkbox"/> 19) Unknown	<input type="checkbox"/> 10) Other		From: 0	To: 0	Limit: 25	<input type="checkbox"/> 1) Minor <input checked="" type="checkbox"/> 2) Moderate <input type="checkbox"/> 3) Major	<input type="checkbox"/> 4) Total <input type="checkbox"/> 5) None <input type="checkbox"/> 6) Unknown					
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Sequence Of Events																															
Code #		Description				Collision With Fixed Object	Most Harmful Event																								
1st	21	214 MOTOR VEHICLE IN TRANSPORT				<input type="checkbox"/>	<input checked="" type="checkbox"/>																								
2nd						<input type="checkbox"/>	<input type="checkbox"/>																								
3rd						<input type="checkbox"/>	<input type="checkbox"/>																								
4th						<input type="checkbox"/>	<input type="checkbox"/>																								
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<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC / MC <input type="checkbox"/> 4) Pending (2)		Violation			NOC		Citation Number																								
Investigator(s) 7339 P. SOLOMON		ID Number 7339	Date 6/4/2006	Reviewed By 3378 Keith Bowers	Date Reviewed 6/5/2006	Page 5 of 6																									

KEYES  
000010

Event Number: 060604-2238		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET Revised 5/21/03			Accident Number: LVMPD-060604-2238																																													
					Agency Name: 2 - LAS VEGAS METROPOLITAN POLICE DEPARTMENT																																													
Name: (Last Name, First Name, Middle Name Suffix)			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other																																															
Street Address:			Transported To:																																															
City:		State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:																																												
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 5) Other		DOB:	Phone Number:	Injury Severity:	Injury Location:																																													
			Airbags:	Airbag Switch:	Ejected:	Trapped:																																												
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<input type="checkbox"/> 1) Trailing Unit 1 VIN:			Plate:	State: <input checked="" type="checkbox"/> 1) NV	Type:																																													
<input type="checkbox"/> 1) Trailing Unit 2 VIN:			Plate:	State: <input checked="" type="checkbox"/> 1) NV	Type:																																													
<input type="checkbox"/> 1) Trailing Unit 3 VIN:			Plate:	State: <input checked="" type="checkbox"/> 1) NV	Type:																																													
Commercial Vehicle Configuration				<input type="checkbox"/> 1) Commercial Vehicle		<input type="checkbox"/> 2) School Bus																																												
<input type="checkbox"/> 1) Bus, 9 - 15 Occupants			<input type="checkbox"/> 6) Tractor Only	<input type="checkbox"/> 11) Tractor / Semi Trailer	<input type="checkbox"/> 1) Driver		Source	<input type="checkbox"/> 4) State Reg.																																										
<input type="checkbox"/> 2) Bus, > 15 Occupants			<input type="checkbox"/> 7) Tractor / Trailer	<input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat)	<input type="checkbox"/> 2) Log Book		<input type="checkbox"/> 5) Side Of Vehicle																																											
<input type="checkbox"/> 3) Single 2 Axle and 6 Tire			<input type="checkbox"/> 8) Tractor / Doubles	<input type="checkbox"/> 13) Light Truck, (Haz-Mat)	<input type="checkbox"/> 3) Shipping Papers / Trip Manifest		<input type="checkbox"/> 6) Other																																											
<input type="checkbox"/> 4) Single > 3 Axle			<input type="checkbox"/> 9) Tractor / Triples	<input type="checkbox"/> 14) Other Heavy Vehicle																																														
<input type="checkbox"/> 5) Any 4 Tire Vehicle			<input type="checkbox"/> 10) Truck with Trailer																																															
Carrier Name:				Power Unit GVWR				<input type="checkbox"/> 1) Haz-Mat																																										
				<input type="checkbox"/> 1) ≤ 10,000 Lbs <input type="checkbox"/> 2) 10,000 - 26,000 Lbs <input type="checkbox"/> 3) ≥ 26,000 Lbs				<input type="checkbox"/> 2) Released																																										
Carrier Street Address:				City:		State: <input checked="" type="checkbox"/> 1) NV	Zip: 0																																											
<table border="1"> <tr> <td colspan="2">Cargo Body Type</td> <td colspan="2">Haz-Mat ID #:</td> <td>Type of Carrier</td> <td colspan="2">NAS Safety Report #:</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> 1) Pole</td> <td colspan="2"><input type="checkbox"/> 6) Van / Box</td> <td><input type="checkbox"/> 11) Brin, Gravel, Chipp</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> 2) Tank</td> <td colspan="2"><input type="checkbox"/> 7) Concrete Mixer</td> <td><input type="checkbox"/> 12) Bus, 9 - 15 Occupants</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> 3) Flatbed</td> <td colspan="2"><input type="checkbox"/> 8) Auto Carrier</td> <td><input type="checkbox"/> 13) Bus, &gt; 15 Occupants</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> 4) Dump</td> <td colspan="2"><input type="checkbox"/> 9) Garbage/Refuse</td> <td><input type="checkbox"/> 14) Other</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> 5) Unknown</td> <td colspan="2"><input type="checkbox"/> 10) Not Applicable</td> <td></td> <td colspan="2"></td> </tr> </table>				Cargo Body Type		Haz-Mat ID #:		Type of Carrier	NAS Safety Report #:		<input type="checkbox"/> 1) Pole		<input type="checkbox"/> 6) Van / Box		<input type="checkbox"/> 11) Brin, Gravel, Chipp			<input type="checkbox"/> 2) Tank		<input type="checkbox"/> 7) Concrete Mixer		<input type="checkbox"/> 12) Bus, 9 - 15 Occupants			<input type="checkbox"/> 3) Flatbed		<input type="checkbox"/> 8) Auto Carrier		<input type="checkbox"/> 13) Bus, > 15 Occupants			<input type="checkbox"/> 4) Dump		<input type="checkbox"/> 9) Garbage/Refuse		<input type="checkbox"/> 14) Other			<input type="checkbox"/> 5) Unknown		<input type="checkbox"/> 10) Not Applicable					Hazard Classification #:		<input type="checkbox"/> 1) Single State	Carrier Number:	
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				<input type="checkbox"/> 2) USDOT																																														
				<input type="checkbox"/> 3) Canada																																														
				<input type="checkbox"/> 4) Mexico																																														
				<input type="checkbox"/> 5) None																																														

## Scene Page Codes

<b>Person Type:</b>				<b>Pavement Marking Types:</b>			
1 - Driver	3 - Witness	5 - Pedal Cyclist	7 - Wheelchair	1 - Paint	3 - Thermoplastic	5 - Permanent Inlay	77 - Other
2 - Passenger	4 - Pedestrian	6 - Skater	88 - Unknown	2 - Material	4 - Raised Markings	6 - Tape	88 - Unknown
<b>Use the following codes to complete the 'First Harmful Event' located on the scene page, the 'Sequence of Events and 'Most Harmful Event' located on the Vehicle and Non-Motorist pages</b>							
<b>Non-Collision:</b>							
101 - Overturn / Rollover	104 - Jackknife	107 - Separation of Units	110 - Cross Median / Centerline				
102 - Fire / Explosion	105 - Cargo / Equipment Loss or Shift	108 - Ran Off Roadway Right	111 - Other Non-Collision				
103 - Immersion	106 - Equipment Failure (Blown Tire, Brake Failure, etc.)	109 - Ran Off Roadway Left	112 - Unknown Non-Collision				
<b>Collision with Person, Vehicle or Movable Object:</b>							
201 - Pedestrian	206 - Cattle	211 - Big Horn Sheep	216 - Work Zone Maintenance Equipment				
202 - Pedal Cyclist	207 - Deer	212 - Elk	217 - Slow / Stopped Vehicle				
203 - Railway Vehicle (e.g. Locomotive Rail Car)	208 - Horse	213 - Other Animal	218 - Other Movable Object				
204 - Dog / Coyote	209 - Bear	214 - Motor Vehicle in Transport (Moving Vehicle)	219 - Unknown Movable Object				
205 - Burro	210 - Antelope	215 - Parked Motor Vehicle					
<b>Collision with Fixed Object:</b>							
301 - Impact Attenuator / Crash Cushion	307 - Guardrail End	313 - Other Post, Pole or Support	319 - Fence / Wall				
302 - Bridge Overhead Structure	308 - Median Barrier	314 - Culvert	320 - Other Fixed Object (Building Tunnel etc.)				
303 - Bridge Pier or Abutment	309 - Highway Traffic Sign Post	315 - Ditch	321 - Work Zone				
304 - Bridge Parapet End	310 - Overhead Sign Support	316 - Embankment	322 - Unknown Fixed Object				
305 - Bridge Rail	311 - Light / Luminary Support	317 - Tree / Shrub					
306 - Guardrail Face	312 - Utility Pole	318 - Mailbox					
<b>Use the following codes to complete the areas on the Vehicle and/or Non-Motorist pages</b>							
<b>Driver License Status:</b>		<b>Driver License Endorsements:</b>					
0 - Valid		M - Motorcycle, Moped or Tri-mobile R - Recreational (single vehicle > 26001 lbs GVWR towing a combination of vehicles weighing > 10,000 lbs not to exceed 70 feet) J - Exceeds 10,000 lbs GVWR F - Fire, Farm, Military exemption from commercial license requirements T - Doubles and Triples P - Passengers X - Hazardous Materials and Tanker N - Tankers H - Hazardous Materials					
1 - Normal with Restrictions							
2 - Violation beyond Restriction							
3 - Suspended							
4 - Revoked							
5 - Endorsements Violation							
6 - No Valid Drivers License							
7 - Expired License							
8 - No License Required							
88 - Unknown							
<b>Driver License Restrictions:</b>		<b>Day Codes:</b>					
00 - None		1 - Sunday      5 - Thursday 2 - Monday      6 - Friday 3 - Tuesday      7 - Saturday 4 - Wednesday      88 - Unknown					
01 - Corrective Lenses							
02 - Mechanical Devices (special brakes, hand controls, or other adaptive devices)							
03 - Prosthetic Aids							
04 - Automatic Transmission							
<b>Traffic Control Key:</b>							
F = Functioning NF = Not Functioning O = Obscured							
<b>Seating Position:</b>							
01 - Front Seat - Left Side (Motorcycle Driver)	09 - Third Seat - Right						
02 - Front Seat - Middle	10 - Sleeper Section of Cab (Truck)						
03 - Front Seat - Right Side	11 - Passenger in Other Enclosed Passenger or Cargo Area (non-trailing unit such as a bus, etc.)						
04 - Second Seat - Left Side (Motorcycle Passenger)	12 - Passenger in Unenclosed Passenger or Cargo Area (non-trailing units such as a pickup, etc.)						
05 - Second Seat - Middle	13 - Trailing Units						
06 - Second Seat - Right Side	14 - Riding on Vehicle Exterior (non-trailing unit)						
07 - Third Seat - Left Side (Motorcycle Passenger)	15 - Unknown						
08 - Third Seat - Middle							
<b>Occupant Restraints:</b>							
01 - Not Installed		09 - Child Safety Seat Used					
02 - Not Used		10 - Improper Use of Child Safety Seat					
03 - Used Shoulder Belt Only		11 - Helmet Used					
04 - Improper Use of Shoulder Belt		12 - Improper Use of Helmet					
05 - Used Lap Belt Only		13 - Restraint Used Unknown					
06 - Improper Use of Lap Belt							
07 - Used Shoulder and Lap Belt							
08 - Improper Use of Shoulder and Lap Belt							
<b>Injury Location:</b>							
0 - No Injury	5 - Abdomen and Pelvis	<b>Injury Severity:</b>		<b>Ejected:</b>		<b>Trapped:</b>	
1 - Head	6 - Spine	K - Fatal Injury	C - Claimed	0 - Not Ejected	0 - Not Trapped		
2 - Face	7 - Upper Extremity	Nonfatal Injury	O - No Injury	1 - Totally Ejected	1 - Extracted by Mechanical Means		
3 - Neck	8 - Lower Extremity	A - Incapacitating	N - Not Reported	2 - Partially Ejected	2 - Freed by Non-Mechanical Means		
4 - Thorax (chest)	9 - Unspecified	B - Non-Incapacitating	U - Unknown	3 - Not Applicable	88 - Unknown		
<b>Airbags:</b>		<b>Airbag Switch:</b>		<b>Inattention / Distraction:</b>		<b>Mechanical Defects:</b>	
1 - Not Installed	1 - ON-OFF Switch not Present	2 - Switch in ON Position	3 - Switch In Off Position	4 - Unknown if ON-OFF Switch Present	5 - Unknown Switch Position	1 - Cell Phone	7 - Animals
2 - Not Deployed						2 - Electronic Equipment	8 - Personal Hygiene
3 - Deployed, Front						3 - Radio / CD Player	9 - Reading
4 - Deployed, Side						4 - Smoking	77 - Other
5 - Deployed, Front and Side						5 - Eating	88 - Unknown
6 - Deployment Unknown						6 - Children	